

protection and capital markets, including the House Energy and Commerce Committee, the Financial Services Committee, the Government Reform Committee and the Budget Committee. He also served as chairman of the Task Force on Budget Reform. He authored the Private Securities Litigation Reform Act and the Internet Tax Freedom Act.

It was no surprise that the Senate unanimously confirmed his SEC chairmanship on July 29, 2005.

Mr. Speaker, I know my colleagues will join me in honoring Chris Cox for his service in the U.S. House of Representatives and wish him Godspeed at the SEC.

GENERAL LEAVE

Mr. DREIER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my Special Order.

The SPEAKER pro tempore (Mr. SODREL). Is there objection to the request of the gentleman from California?

There was no objection.

REAUTHORIZATION OF THE RYAN WHITE CARE ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, in 2 days, the Ryan White CARE Act will expire, and though it will continue under its current authorization, as this landmark and life-saving Act expires, it is almost as though a light expires as well, a light of life and hope for the hundreds of thousands of Americans who have depended upon it.

We all know how disproportionately the HIV/AIDS epidemic has, and continues to, affect the African American community. In fact, since the beginning of this epidemic, African Americans have been hardest hit. This is not only due to adverse lifestyles but also largely due to the poor level of services, lack of insurance and the intractable poverty where too many people of color are trapped.

As shocking as the statistics are one year, they get worse the following year.

Nearly half of all people living with HIV and AIDS in the United States are African American, and the AIDS case rate for African Americans is 9.5 times that of whites.

About six in 10 children to HIV-infected mothers are African American.

Sixty-five percent of the AIDS cases among young people, 13 to 19 years of age, are in African Americans.

AIDS is the leading cause of death for African American women, 24 to 34 years of age.

This epidemic creates generation gaps in black families, leaving children to be reared by grandparents or other guardians, and the startling number of

AIDS cases among teenagers indicates that this epidemic will undermine the very future of the African American community and thus undermine our Nation.

In the African American community, this is a state of emergency and requires an emergency response, not this lack of attention and lackadaisical approach that we are receiving from the leadership. We should not be presiding over the expiration of this Act, which has been a lifeline to countless individuals and their families. We should be going beyond reauthorization, expanding it and ensuring that all of the funding is there to meet the programmatic needs.

The Ryan White CARE Act was created to improve the quality and expand access to comprehensive care for people living with HIV and AIDS and their families. Because of the CARE Act, metropolitan regions, which are heavily African American, those that are most severely affected by HIV and AIDS receive funding to launch HIV prevention and support HIV/AIDS care efforts.

The CARE Act also provides funding for AIDS Drug Assistance Programs; early intervention services; capacity building and planning grants; crucial services for women, infants, children, youth and their affected family members; funding for AIDS Education and Training Centers; dental reimbursement programs; and funding for special projects on innovative models of HIV care and service delivery, among other services.

As a physician who has treated people living with HIV and AIDS, I know well how critical these services, especially access to medications that slow the progression of HIV to AIDS, are to improve the quality of life of those with AIDS, are to the health and well-being of and the care of people living with it.

The CARE Act, though, is particularly important to the community that is hit the hardest, year after year, the African American community. About half of all Ryan White CARE Act clients are African American.

More than eight in 10 clients at the Title IV clinics who receive important medical care, case management, child care and other services, are people of color, the majority of whom are African American women, children, youth and families.

We must recognize that when the Ryan White CARE Act was created and passed, the face of the HIV/AIDS epidemic, the unmet needs of those living with HIV disease, and the medical management of HIV and AIDS were much different than they are today.

Furthermore, great strides in medical technology have slowed the progression from HIV to AIDS, allowing people with HIV disease to live longer, healthier lives. The CARE Act should be authorized in a manner that allows it to fully respond to the health and health care needs of those most at risk

for, or those who currently are, living with HIV and AIDS.

Because of this, any funding less than \$3.1 billion is simply not acceptable. That is equivalent to what we spend every month in the war in Iraq.

What it costs to make the Republican tax cuts permanent for 1 year is more than 10 times the amount needed to help ensure that a child born to an HIV-positive mother has a chance at life.

One might be moved to ask why this crisis, which has taken so many lives, ruining so many families and having such a detrimental social and economic impact on our communities is being responded to in such an inadequate manner, if one can say it is being responded to at all?

It is not the absence of urgent need. The numbers are there. Neither could it be due to lack of resources. We have seen this administration in times bankroll solutions to others and more expensive crises without hesitation. The reauthorization of the Ryan White CARE Act and adequate funding of this and all of the other health care programs that would improve the health of the poor, the rural or people of color, are not all that happening for one reason, the absence of political will.

Mr. Speaker, I do not want us to lose sight of the fact that this Act gets its name from a brave little boy who was not only a pioneer but an inspiration. I did not know Ryan, but I do know his mother, Jeanne, and so on her behalf and on behalf of the patients I have served, and all of those infected with HIV or who have AIDS, their families, as well as all of the dedicated care providers, I ask that we not let this lapse in our moral responsibility be prolonged.

Let us do the work we are entrusted to do and reauthorize and modernize an even stronger, better Ryan White CARE Act.

RYAN WHITE AIDS CARE ACT

The SPEAKER pro tempore (Mr. INGALLS of South Carolina). Under a previous order of the House, the gentlewoman from California (Ms. WATERS) is recognized for 5 minutes.

Ms. WATERS. Mr. Speaker, I would like to thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for organizing this series of Special Orders on the reauthorization of the Ryan White CARE Act.

The Ryan White CARE Act is essential for millions of Americans who are living with the AIDS virus and millions more who are at risk of becoming infected in the future.

The Ryan White CARE Act was passed into law in 1990, 10 years after the beginning of the HIV/AIDS epidemic, to provide a comprehensive approach to AIDS prevention, treatment, patient care and community support for people affected by this dreadful disease.